

## BRITISH MEDICAL ASSOCIATION.

## SUBSCRIPTIONS FOR 1883.

SUBSCRIPTIONS to the Association for 1883 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, NOVEMBER 10th, 1883.

## PETTENKOFER ON CHOLERA AND QUARANTINE.

THAT epidemiologists and sanitarians owe much to the indefatigable research and scientific ingenuity of Pettenkofer, even those who are least disposed to agree with all his conclusions will not deny. It was he who first called attention to the part played by variations of level in the ground-water, and the consequent movements of the ground-air in determining the incidence and intensity of several diseases, and few men in Europe have given more study to the causes of the spread of cholera. Once more, in view of its presence in Egypt, the Munich professor has published to the world his views on the question and on the probability of the extension of the epidemic to Europe in the present or the coming year.

He shares with many of our Indian surgeons, the belief in a special liability of certain places to, and an immunity of others from, attacks of cholera, for reasons as yet imperfectly understood, and not easily referable to their sanitary condition; his own town, for example, having been visited on three occasions only, and then but lightly, although it could boast of no sanitary superiority over others which suffered heavily; while the remarkable immunity enjoyed by Lyons presents a problem of the greatest difficulty.

Pettenkofer, however, is far from denying the influence of human intercourse and commercial relations in determining the march of the pestilence, and in this respect he differs entirely from the school of Fayrer, Chevers, and Cunningham; and he connects the appearance of cholera in Europe fifty years ago, with the increased facilities then offered by steam and the "overland passage" for communication with India and the East.

But he is no believer in the efficacy of any practicable quarantine, and in support of his position he adduces the case of Malta, where, in 1865, in spite of the most stringent precautions that could be conceived, cholera broke out simultaneously in several parts of the island, within a few days of its having been reported from Alexandria, these places being the same as had been first attacked on previous occasions.

Though persons are the vehicles of transportation and introduction of the disease, infected places are, he maintains, the means of its propagation; and, if we understand him aright, we agree with him to a great extent. The germs, we believe, must be brought by man himself. We cannot assent to the assertion of Chevers, for example, that the appearance of cholera at, say Malta, a few days after its appearance at Alexandria, is independent of, and would have occurred without, any communication between these places; but it is certainly no less true that cholera is infectious or contagious only in a very slight degree; and, though an affected individual brings it into a place, it is by and through the pollution of the water, soil, etc., of the locality with the poison contained in his evacuations, that a focus is created, the intensity of which will vary as the amount of organic matter in the soil, and the opportunities for the contamination of the air and water, especially those of the

ground. Pettenkofer adduces the comparative immunity of the attendants on cholera-patients, and mentions a case of one who was literally drenched with rice-water stools, which dried on his person. Of course, we know of many who have fallen victims to their devotion to the sick; but the seeming paradox of the *greater* immunity enjoyed by these persons than by the inhabitants of infected localities, even under such circumstances as those of the man just mentioned, may, we think, be easily explained by the greater cleanliness and care bestowed in hospitals on the disposal of the evacuations and the soiled bedding, etc., as well as by the observations of Sanderson as to the virulence of the stools on each day after evacuation. He found that, of mice fed with them within the first twenty-four hours, only 11 per cent. died; on the second day, 36 per cent.; on the third day, every one; on the fourth, 71 per cent.; on the fifth, 40 per cent.; while after this they ceased to be capable of communicating the disease. We must strongly protest against Pettenkofer's conclusion that it is not necessary to remove the sick from the care of their families; the more so, as, on his own showing, the aggregation of patients in a hospital does not create a focus of disease; simply, we maintain, in consequence of the greater facilities presented by hospital-arrangements for the removal of the real source of infection.

Again, that cholera has always made its appearance in Munich after a rise in the ground-water, is directly dependent on the conditions of the soil saturated with the filth and excreta of centuries, the emanations from which are forced out by the rising water, while in a pure soil the ground-water may rise and fall without any such risk. Cholera, in fact, will fail to get a firm footing in any town with well-constructed sewers, pure water-supply, and good domestic sanitary arrangements.

Pettenkofer gives no credit to the current stories of the introduction of cholera into Egypt by our troops or steamers; at the same time, he is inclined to believe that it was not developed *de novo* in that country, but probably imported from India last year, the germs remaining dormant during the colder months. Such an apparent subsidence on the approach of winter, and fresh outbreak without a fresh importation, have often been witnessed in Russia and eastern Prussia, and are claimed as examples of origination *de novo* by the disbelievers in the doctrine of its conveyance by man. We do not see any incompatibility between the supposition of a resuscitation of dormant germs and the rapid loss of virulence in the stools recorded by Sanderson; for we are familiar enough with the existence of stages in the life-history of the lower organisms, in which they possess very different degrees of resistance to external influences, and the bacteria may be highly perishable though their spores are extremely tenacious of life.

There is one more question on which Pettenkofer dwells at some length, and which certainly deserves consideration; viz., the immunity of ships on the high seas, or rather the speedy disappearance of cholera after a ship has left an infected port, if the passage be prolonged for many days. Thus, in 1873, though 152,135 emigrants sailed from Europe in four hundred ships, mostly from cholera districts, only one hundred cases occurred in four of these vessels. Again, there is no instance of the conveyance of the disease by Indian steamers to Australia, the Cape, or even to Mauritius, though the majority of the passengers by the last line are coolies. As regards England itself, as Pettenkofer points out, the direct importation of cholera from India or Egypt is more than doubtful; we have always received it from the Baltic or North Sea ports. The case of the French troopship *Correze*, to which he does not allude, is perhaps the most striking exception to the general rule on record.

Though there are several things in Professor Pettenkofer's paper with which we cannot entirely agree, we may congratulate ourselves on having at least one, standing deservedly high in the opinion of Continental epidemiologists, who, without taking up the position

of an advocate or partisan, expresses so hearty an approval of the policy of our Government in the present crisis.

#### CLASS-MORTALITY AND STRATIFIED STATISTICS.

A PAPER contributed by Dr. T. W. Grimshaw, the Registrar-General of Ireland, to the *Transactions of the Academy of Medicine in Ireland*, and entitled "Some important relations between Census-Statistics and Sanitary Statistics," has recently been repinted, and possesses interest apart from that due to its authorship. The paper deals mainly with the bearing of census-statistics upon two features of mortality-statistics; first, the formation of estimates of population as a basis of death-rates; and, second, the construction of death-rates for different social classes.

As regards the difficulties of framing trustworthy estimates of the population of urban districts during intercensal decades, and the effect of errors of estimate upon the calculated rates of mortality of the large towns dealt with in the returns issued by the Registrars-General of the several divisions of the United Kingdom, Dr. Grimshaw's paper contributes little, either as to facts or suggestions, that is not familiar to most of those who have devoted any attention to this important subject; his re-statement of the case is, however, useful. It has long been urged by all students of vital statistics, that a decennial census does not afford the means of calculating annual statistics of population in large towns sufficiently accurately to serve as a basis for trustworthy mortality-statistics; and Dr. Grimshaw is evidently of the same opinion when he says, "I have, therefore, arrived at the conclusion that, in order to keep death-rates absolutely accurate, it will be necessary to collect facts more frequently than is usually done." It is suggested that each annual estimate should be based upon the known number of inhabited houses, and "in alternate years, or at triennial periods, a simple enumeration of the population might be made." Dr. Grimshaw proposes that these "simple" intercensal enumerations should be undertaken by each sanitary authority; but we are inclined to think that, in order to secure uniformity of system and date, it would be preferable that such intercensal numberings should be carried out under the central direction of the Registrar-General. Experience shows that, while local authorities are anxious enough to have estimates of population raised if they appear to be understated, there is very seldom a corresponding anxiety to secure corrections of estimates which appear to have been overstated. It is quite clear that a return of the number of inhabited houses on the rate-book in the middle of each year would be valuable, and should be furnished to the authority charged with the duty of estimating the population of the sanitary district in the middle of each year. It is usually safe to assume that the population of a town bears a tolerably constant proportion to the number of inhabited houses.

Dr. Grimshaw deserves the gratitude of vital statisticians for his attempts, imperfect as they necessarily are at present, in the direction of supplying materials for the calculation of death-rates for different classes of society. In order to render such statistics possible, it is necessary to know, not only the number of persons engaged in each trade or occupation, but also the "number of persons dependent on each trade for subsistence," including the wives and families. The Irish Census Report contains, for the first time, tables showing the sex, age, and social position of every inhabitant of the Dublin registration district. For instance, the numbers of carpenters, carpenters' wives, and carpenters' children are given; and the aggregate of these gives "the total number of persons dependent on carpentering, and occupying the social position of a working carpenter." With the help of this table, Dr. Grimshaw divides the Dublin population into five classes, according to occupation and social position. These classes are called professional and independent, middle class, artisan class and petty shopkeepers,

general service class, and inmates of workhouses. This classification is necessarily somewhat arbitrary in character, and is probably susceptible of improvement; but, as an attempt to provide the means for calculating class death-rates, it should be welcomed as a valuable contribution to vital statistics. Since the beginning of the year, Dr. Grimshaw, with a view to turning these new census-statistics to account, has had the deaths in Dublin classified each week, in the weekly return for that city, according to the same five classes of occupation and social position. Dr. Grimshaw notices, in the paper before us, that, in the first four weeks of this year, the annual death-rate in Dublin averaged 30.6 per 1,000, while the rates prevailing in the several social classes of the population were as follow:—Professional and independent class, 22.5; middle class, 25.4; artisan and petty shopkeepers, 26.1; general service class and inmates of workhouses, 37.2. There is one serious flaw in Dr. Grimshaw's figures; no account is taken of the varying age, and constitution of the different classes, and the general death-rate of classes which ignores this important disturbing element must be more or less misleading. Moreover, we cannot but regard it as a mistake of classification to class domestic servants (who may be said, as far as regards urban mortality statistics, never to die) under the same heading as hawkers, porters, and labourers. There can be no question that Dr. Grimshaw's figures, partly on account of the omission of the age-element, and partly from the nature of his classification, understate the terrible waste of life among the lowest working-classes of Dublin. We must thoroughly appreciate, however, the value of Dr. Grimshaw's experiment, proving, in his own words, that "in certain ranks of society the death-toll is levied with a degree of severity quite inconsistent with our boasted civilisation and our national zeal for sanitary reform."

We trust that these experiments will lead to further attempts in the direction of the statistics of class-mortality, the national importance of which, both from a social and a sanitary point of view, cannot be over-rated.

#### THE SALE OF POISONS.

THE recent meeting of the National Association for the Promotion of Social Science was enlivened by the reading of two able papers by Dr. Tidy and Mr. G. Latham Browne, a barrister, on the amendment of the law regulating the sale of poisons; and by a lively discussion.

After an elaborate exposition of the existing law relating to the sale of poisons, in which Dr. Tidy expressed an opinion, which must not, however, pass unquestioned, that the legally qualified medical practitioner is obliged, in cases where articles scheduled as poisons under the Act of 1868 are employed as ingredients in his medicines, to place on the bottle his name and address, and also enter the prescription in a book, he reviewed the question—What is a poison? He added, that the law nowhere defines it, but uses the terms: "poison," "noxious thing," "noxious material," "destructive thing," "stupefying drug, matter, or thing," "overpowering drug, matter, or thing," "poisonous drug," "injurious drug or substance," "poisonous ingredient," "poisonous matter," and "poisonous preparation," thus greatly complicating the question. Dr. Tidy would do away with the poison-schedule altogether, and rely upon a definition of the word poison, as "anything which, otherwise than by the agency of heat or electricity, is capable of destroying life, either by chemical action on the tissues of the living body, or by physiological action from absorption into the living system." The adoption of this definition, and the abolition of the poison-schedule, would probably be a retrograde step; and we may remark that the above definition would bring brandy and other strong alcoholic liquors within the class of poisons, no doubt to the great joy of total abstainers.

Although we differ from Dr. Tidy on this vital point, we cordially endorse his remarks when he says that we can never, by any possible

legislation, prevent poisons from getting into the hands of those who have made up their minds to get them and to use them improperly. The best we can do, as he says, is to improve such conditions that, in the event of an improper use, we have at any rate some chance of discovering the criminal. Perfect efficiency is impossible. Most emphatically, too, we endorse his weighty remarks on the storage of poisons, and on the strange neglect of the Pharmaceutical Society to avail themselves of their statutory, but neglected privilege, to make regulations for the safe storage of poisons. The time has indeed come, when whoever keeps for sale or dispenses poisons—medical men included—must be ready to accept some regulation in the matter of storage. Accidents are sufficiently numerous—in pharmacies, in medical practice, and in the wards of our hospitals—to demand that this should be done. We argue on the assumption that a poison-schedule is to be continued; for, were a mere definition of the term “poison” substituted, it would, we believe, be found impracticable to lay down regulations for storage, so numerous would be the list of substances in an ordinary pharmacy to be specially stated. We know that, in first-class pharmacies, elaborate means are adopted to prevent accidents; but the practice is by no means so general as we desire to see it.

Mr. Latham Browne says that, although vermin-killers are placed in the schedule of poisons, and their legal sale restricted to chemists and druggists, there is no doubt that they are still sold by unqualified persons, especially in poor neighbourhoods and in country places. We doubt, nevertheless, whether this statement is warranted by facts; and, if it be, the police are, we imagine, at fault.

For our own part, we are of opinion that a careful *bona fide* registration of the sale of poisons, so that the purchaser may be traced, adequate attention to the safe storage of poisons, the prominent labelling of all preparations containing dangerous quantities of poisons, a more extended schedule of poisons, periodically and more frequently revised and added to, and the non-exemption of patent medicines from the provisions made for the sale of poisons, will achieve all that can be done by legislation for the safety of the public. A perfect guarantee of safety from accident and the improper use of poisons is impossible. The subject is ripening for legislation, which, indeed, cannot long be further delayed.

#### THE THORNTON HEATH MURDER.

THE respite of James Cole, who was found guilty of murder at Thornton Heath, occurs under circumstances of unusual and grave importance in their relation to the administration of justice. The energetic protests which we made last week against the mode in which this case was conducted by the Public Prosecutor, prove to be well founded in fact; and the conclusions to be drawn from them as to the urgent necessity of improvement in the investigation of cases of this kind by the Public Prosecutor are, we submit, irresistible. Had Parliament been sitting, attention would certainly have been drawn, in a public and forcible manner, to the peculiar dangers, and, we can hardly help adding, scandals, which the facts of this case disclose. It is evident that the witnesses who could have proved this man's insanity, as to which no one now entertains the least doubt, were in court; although the witness who could have given the most important information, the wife, could not be called, according to English law.

The moral of this case is plainly that the Treasury Solicitor, when he undertakes, in the public interests, the prosecution of a case of this description, should not only prosecute, but should take adequate steps to ascertain all the material facts, whether for or against the prisoner—one of these very material facts being the mental condition of the prisoner. It is for the public interest that a lunatic should not be hanged as if he were sane. If this be granted, it follows that it is for the public interest that the question whether a prisoner is or is not a lunatic should be carefully investigated; and

the Solicitor to the Treasury, when he undertakes a prosecution, should also undertake the duty of getting this investigation made. It is not enough to give facilities to the witnesses for the defence to come forward; facts must be sought for; and this can only be done by a medical investigation, specially undertaken with a view of ascertaining all the facts of the case.

THE Registrar-General reports that 271 persons were killed in the streets of London and the suburbs last year.

CHANGES are expected in the Sanitary Administration of Egypt. The International Board of Health will be abolished.

MR. W. H. CALDWELL, of Caius College Cambridge, has been appointed to the Balfour Studentship, the value of which is £250.

THE ninth donation of £1,000 towards the Birmingham Suburban Hospital has been given by Mrs. Simcox, Sparkhill.

SIR CHARLES DILKE has ordered a reorganisation of the staff of clerks of the Local Government Board.

A REUTER'S telegram from Bombay states that during the past fortnight only two deaths from cholera have occurred there.

IN consequence of cholera appearing at Meccah and Djeddah, the steamers conveying the pilgrims will, on returning from Djeddah, undergo a quarantine of twenty days' duration.

LAST week, the mean temperature registered at the Royal Observatory, Greenwich, was 50.9°, or 1.5° above the average in the corresponding week of twenty years.

A BUST of the celebrated surgeon Dieffenbach was, on November 1st, unveiled in the operating-room of the surgical clinic of the University of Berlin.

THE Gaslight and Coke Company and the South Metropolitan Coke Company have each sent a contribution of £100 to the funds of the National Smoke Abatement Institution.

MR. W. L. BURR was appointed on November 2nd, by the Journal and Finance Committee, to the office of Assistant-Secretary to the British Medical Association. There were fifty-four candidates.

THE Conseil Municipal of Paris has decided to name one of the streets of the city Rue Thuillier, to honour the memory of Louis Thuillier, the member of the “Pasteur Cholera Commission,” who died at Alexandria whilst pursuing his investigations.

DR. BROWN-SÉQUARD has withdrawn his name from among the candidates for the vacant place in the medical and surgical section of the Académie des Sciences. M.M. Charcot, Sappey, and G. Hayem are the remaining candidates. The election will take place in three weeks.

AT the Congregation at Oxford on November 1st, Professor Michael Foster, Fellow of Trinity College and Professor of Physiology, and Professor Alexander Macalister, Fellow of St. John's College and Professor of Anatomy, were presented by the Public Orator for admission to the complete degree of M.A. *honoris causa*.

WE are informed that a debate on the "Practice of Vivisection," will be held at the St. John's Institute, Foxley Road, S.W., on Monday, November 12th; and we are assured that gentlemen who may wish to attend and take part in the discussion, especially to defend experimental research, will be welcomed.

A MEETING was held last week in the Adelphi, to promote a movement for introducing medical women into India. The native women have a repugnance to medical treatment by men; and hence the Calcutta Medical College is offering facilities for the training of women as doctors.

EDMUND STEDHAM, of Bradninch, was fined £2 10s. at Exeter, this week, for persisting in selling old clothes infected with small-pox, in spite of the orders of the police-inspector. "If Mr. Stedham, of Bradninch, has not been recently vaccinated, would it be very wrong," asks the *Globe*, "to wish that he might catch the small-pox?"

DR. TANNER, of fasting notoriety, was recently arrested in the State of New York, on a charge of not being properly registered as a medical practitioner. He holds a diploma from the "Eclectic Medical Institute," endorsed by the "United States Medical College of New York," which is not a legally recognised institution.

AT a recent meeting of the Conseil Municipal of Paris it was decided that mortuaries should be established at Père-Lachaise, for the purpose of receiving dead bodies in cases where the relatives of the dead are so humbly lodged as to be unable to keep the corpse awaiting burial. A special mortuary will be provided for the bodies of those dead from contagious diseases, also a room for the purpose of disinfecting clothes and furniture.

THE *Charity Organisation Society Reporter* observes that a letter has been addressed by the President and Vice-Presidents of the Hospital Saturday Fund to the Committees of the different hospitals and dispensaries which participate in the Fund, appealing to each to admit on its board of management a working-man member. It says that, to make these managing boards in any way representative of the class benefited is one step in the direction of converting pauperising into provident institutions.

SINCE the outbreak of trichinosis in Emersleben, in Prussia, over four hundred persons have, a Berlin telegram states, been taken ill; but, up to the present time, only eighteen deaths have occurred. In consequence of these reported deaths from trichinosis, the French Minister of Commerce, at the instance of the Committee of Public Health of France, has despatched a mission to the spot, to inquire into and report upon the circumstances. Dr. Brouardel has been commissioned to preside over the mission.

THE Metropolitan Board of Works intend to introduce a Bill into Parliament in the ensuing session to enable them to acquire the open spaces of the metropolis. At the present time, the Board has no power to pay compensation to claimants for damage to their private interests; and litigation against the Board has been threatened by some of these, who, however, have consented to stay their suits pending the acquisition by the Board of the power of giving compensation in such cases.

AT a recent meeting of the Académie des Sciences, M. Vulpian presented, in the name of M. Conti, a memoir on the condition of sensory nerves in poisoning by strychnine. According to this memoir, the sensory nerves are not stimulated in strychnine-poisoning; on

the contrary, they are less easily acted on. It is also an error to suppose that the spinal cord and the brain are stimulated. M. Conti believes that cerebral activity is greatly diminished, and that the cord presents functional disorder rather than over-stimulation.

#### ROYAL INSTITUTION OF GREAT BRITAIN.

AT the last general monthly meeting (Sir William Siemens in the chair), Dr. William Miller Ord was elected a manager, in the room of the late Mr. William Spottiswoode, P.R.S.

#### HOUSING THE POOR.

IT is understood (the London correspondent of the *Manchester Guardian* says) that the question of amending and enlarging the Acts relating to labourers' and artisans' dwellings has been for some time under consideration by the Local Government Board, and it is not unlikely that the Government will bring in a Bill on the subject in the course of next session.

#### HOSPITAL SUNDAY IN BRIGHTON.

SUNDAY, October 28th, was the first "Hospital Sunday" on an extended scale in Brighton. About sixty churches and chapels collected, on or before that day, or will do so shortly, and the amount obtained is upwards of £1,000, to be divided between the County Hospital, the Alexandra Children's Hospital, the Lying-in Institution, the Dispensary, the Eye, Homeopathic, and Hospital. A number of bazaars, lately held for medical and other charities, have probably lessened the result to some extent, but it is considered successful.

#### COPPER AND CHOLERA.

AT the last meeting of the Conseil d'Hygiène, M. Pasteur, who was asked by M. Dujardin-Beaumetz to communicate the results of his experiments on the action of copper, stated that M. Thuillier was put on the copper-regimen before he left for Egypt, when he died from an attack of cholera. M. Dujardin-Beaumetz is commissioned to study the action of copper on typhoid fever.

#### FATAL ACCIDENT TO A SURGEON.

MR. ALDERMAN JOHN DEIGHTON, J.P. for the borough of Cambridge, died on Saturday from the effects of injuries he received on October 17th, when he and his coachman were thrown out of a dog-cart through collision with a cart in Bridge Street, Cambridge. But for the accident, Mr. Deighton would probably have been elected mayor of Cambridge this week. Mr. Deighton was a surgeon in practice in Cambridge; he was educated at St. George's Hospital, and he was admitted a member of the Royal College of Surgeons in the year 1842.

#### A RARE DISEASE.

DR. RHODE lately exhibited to the Baltimore Academy of Medicine (*Maryland Medical Journal*) a girl, thirteen years old, with the following history. When two years old, a reddish patch was noticed under her eye. This spread until it involved the entire face, ears, and neck to the clavicle, the palms and back of the hands, in one arm extending to the elbow, in the other, to midway between the hand and elbow. There was very little infiltration, but the surface was rather scaly. There had never been any vesiculation, nor fissure, nor itching, nor discharge of fluid. The finger-nails were ridged transversely. There were circinate markings on the face. Under the microscope, with a one-fourth inch objective, no parasite was discovered. This is an affection which was described two years ago, by Duhring, as pityriasis maculata et circinnata; but in the last edition of his book he terms it *p. rosea*. In Duhring's cases it ran its course within two months, and the same occurred in some cases reported by

French observers. The English have never observed it. The treatment, which had been continued for three weeks, consisted of full doses of cod-liver oil and an ointment consisting of fifteen grains of yellow oxide of mercury and one ounce of vaseline smeared on cloths in which the hands were kept wrapped all night. The ointment was used experimentally, but she exhibited marked improvement, giving hope of her ultimate complete recovery. The pathology of the disease, of which Duhring is the only American who has described a case, is unknown.

#### TRANSFUSION OF BLOOD BY HYPODERMIC INJECTION.

DR. PALADINI reports (*Gaz. Med. Ital. Prov. Venete.*, August 25th) an interesting case of successful injection of blood into the subcutaneous cellular tissue of the abdomen, in a woman suffering from profuse menorrhagia. R. S., pluripara, aged 48, was reduced by menorrhagia to a profound degree of anæmia. On August 4th, the loss was so great that the patient's state became most alarming. Transfusion of blood was urgently indicated; no apparatus for this being at hand, it was determined to inject the blood by means of an exploratory trocar and an ordinary syringe into the subcutaneous cellular tissue of the abdomen. The blood, taken from the husband's arm, was heated, to prevent coagulation. The trocar was inserted about four fingers' breadth to the left of the umbilicus, and pushed well in so as to somewhat break up the meshes of the cellular tissue, and thus secure room for the blood to be injected. The stitch being withdrawn, an elastic tube was fastened to the end of the cannula; the blood was taken up by an ordinary metal syringe (about 90 cubic centimetres capacity), its nozzle being made fast to the elastic tube, and injected into the subcutaneous cellular tissue, where it appeared as a lump about the size of an egg. Two syringefuls were thus injected. The patient felt no pain; and, after two hours, the swelling had entirely disappeared. No abscess or other ill effect followed, a slight ecchymosis only for a few days marking the site of the injection. On the next day, the patient was much better, and began to take and retain nourishment and sleep well; for some days before, there had been constant vomiting, and no sleep. The lax connective tissue lends itself admirably to the transfusion of blood and to its rapid absorption. The quantity of blood might be easily increased, by repeating the injection in two or three different places, to 300 or 400 grammes (about 10½ or 14 ounces). This method is free from the dangers of venous or intraperitoneal transfusion, and is most easily done.

#### ORGANISATION OF CONVALESCENT AID.

MR. C. S. LOCH, Secretary of the Charity Organisation Society, writes to the *Times*:—"In consequence of an appeal put forth in June, the Convalescent Subcommittee of the Charity Organisation Society have been able to send away to homes and cottages at the seaside and in the country about five hundred men, women, and children, up to the present date, at a cost of about £550. No letters have been used; but in all cases payment has been made, sometimes on the case, but chiefly by adopting the plan of reserving beds in various homes up to the end of October. Rapidity of treatment and satisfaction afforded to the homes are marked features of this system of permanent beds; but the period of reservation on prepayment is now expiring, and still applications are coming in at the rate of more than twenty per week. To meet this pressing demand, and to afford accommodation for surgical and other cases during the winter, the Charity Organisation Society propose to reserve beds at a probable average cost of £25 per bed for the whole year. Any persons contributing towards, or collecting, this sum, will receive, should they wish it, details of the home in which their bed is taken, and it is hoped, will thus retain a special interest in its occupants throughout the year. Subscriptions to permanent beds will be received, and further information given, by the undersigned, or by the Honorary Secretary of the Convalescent Com-

mittee, Charity Organisation Society, No. 15, Buckingham Street, London, W.C.

#### MR. SHUTER AND THE STUDENTS OF ST. BARTHOLOMEW'S HOSPITAL.

A MEETING of students of St. Bartholomew's Hospital was held in the Medical Theatre, on Friday, November 2nd, to express sympathy and condolence with the family of the late Mr. Shuter, in their great loss. The chair was taken by Mr. Tait, who had been Mr. Shuter's house-surgeon. In opening the meeting, he said he had known Mr. Shuter perhaps longer than anyone else present. He had always found him kind and considerate to those about him. He was one of the best friends the students of Bartholomew's ever had. Mr. W. S. Richmond, in moving a resolution expressing the sympathy of the meeting with the friends of the late Mr. Shuter, said that when the terrible news was first made known at the hospital it seemed almost incredible. It was hard to realise that one, who yesterday was amongst them apparently in perfect health and strength, to-day lay lifeless. Death had snatched from them one who had endeared himself to their hearts. He had been for many years acquainted with Mr. Shuter, who was one of the kindest men he had ever known. All who knew him liked him, and many would miss his kind and friendly aid which he was ever ready to extend to students. Mr. A. C. Fletcher, whose evidence at the inquest is given further on, explained the facts of the catastrophe, and observed that Mr. Shuter was essentially the students' friend, and by his death they had sustained an irreparable loss.

#### THE PADDINGTON CANAL-BASIN.

AT a meeting of the Paddington Vestry on Tuesday last, November 6th, Mr. Churchwarden Young in the chair, a report was presented by the Committee recently appointed to consider the communication from the Local Government Board, asking for information as to the alleged nuisance caused by the canal. The Committee recommended the Vestry to pass a resolution concluding as follows. "The nuisance complained of may, to some extent, be attributed to the manner in which certain trades are conducted on the banks of the canal; but the evil more particularly referred to by a resident of Paddington, is in a great measure due to the unsanitary condition of the canal-basin, which, for a period of twenty-five years, has baffled the energies of the local authorities. This Committee hopes, however, now that public attention has been called to the subject, that the Local Government Board will assist the Vestry in impressing upon the Directors of the Grand Junction Canal Company the necessity of their adopting prompt and efficient means for mitigating the nuisance so long complained of." Mr. Mark H. Judge, proposed the following addition to the resolution: "That the Local Government Board be requested to institute an inquiry into the condition of the canal-basin and the nature of the trades carried on in connection with the same, in order that reliable data may be obtained for considering how best the nuisance may be removed." This was seconded by Mr. Walter Hallett, and supported by Dr. Danford Thomas, but was lost; and the resolution as recommended by the Committee was agreed to, and ordered to be sent to the President of the Local Government Board.

#### A CASE FOR INQUIRY.

MR. JUSTICE STEPHEN, in his criticism of the Ilbert Bill which appeared in the *Times* of the 3rd instant, remarks on the light which is often thrown on criminal cases by the statements and explanations of prisoners in the dock; and, on the very day on which his letter was written, a case was tried at the Manchester Winter Assizes which seems to us to give point to his observations. A learned judge, an intelligent jury, and able counsel, were then and there engaged in puzzling over the case of John Scully, who, on the 27th of July last, in the streets of Lancaster, suddenly and without pro-

vocation, drew his knife, and stabbed a lad named Pinch, who happened to be passing him with a wheelbarrow; when John Scully himself supplied the clue to his extraordinary conduct by intimating that he was insane at the time. He had been, he said, under treatment for mental disease in Netley Hospital, and was discharged from the army on account of insanity, and was still so light-headed that a small quantity of alcohol deprived him of reason and self-control. Only by supposing that he was mad at the time could he account for his murderous assault on a youth whom he had never seen in his life before, and whose sole offence was that he was trundling "a harmless necessary" wheelbarrow. No inquiry seems to have been made into the truth of Scully's statement, and it was, of course, too straightforward and reasonable in itself to find favour in legal eyes; so Scully was sent by Mr. Justice Hawkins to five years' penal servitude. His case requires further inquiry. Should it prove correct that he has incurred brain-disease in the service of his country, it would seem somewhat harsh to punish him severely for one of its symptoms, and to deprive him of the prospect of ultimate recovery, which suitable treatment in an asylum would afford. Penal discipline can only deepen and intensify that kind of insanity that is characterised by sudden homicidal impulses; and, if Scully be left to undergo it while labouring under that species of insanity, we shall not improbably hear of him again one of these days as the perpetrator of a murderous attack on a warder.

#### COLLECTIVE INVESTIGATION OF DISEASE.

THE *Journal* of the American Medical Association recently explained the system of collective investigation adopted by the General Committee of the British Medical Association, and gave in illustration a specimen of the circulars and of the blanks for return of answers, together with the fact that the American Medical Association had been invited to co-operate in the same line of investigation, and that the proposition was referred to a committee for consideration. It now announces that, wishing to test the practicability and value of co-operating with the work in Great Britain, by using circular notes, questions, and blanks for returns so nearly identical that the results will be strictly comparable, the American committee has commenced correspondence with that of the British Association, with a fair prospect of harmonious action. To facilitate the work, it asks all members of the American Medical Association engaged in active general practice, in any part of the country, who are willing to engage personally in making collective investigations, to send their names and address to the editor of this journal within the next thirty days.

#### SALICYLIC ACID AS AN APPLICATION TO EPITHELIOMATOUS GROWTHS.

ON Thursday last, at St. Bartholomew's Hospital, during a consultation on an interesting case of rapidly growing epitheliomatous vegetations springing from the floor of a rodent ulcer, Mr. Thomas Smith advised Mr. Howard Marsh, under whose care the patient was, to use a saturated solution of salicylic acid as a local application. Mr. Smith said that, some time ago, he had been induced to make use of this remedy in the treatment of simple papillomata, and the result had been so favourable that he was led to apply it to epitheliomatous cases also. In the first case, which had now been under observation for some time, the application was entirely successful, the epitheliomatous growth having been entirely destroyed in two or three weeks. We understand that Mr. Smith is giving salicylic acid an extensive trial, and that Dr. Thinn has also had favourable experience of the remedy.

#### ST. BARTHOLOMEW'S HOSPITAL.

THERE will be no lack of candidates to contest the election of an assistant surgeon, to fill the vacancy caused by the lamented death of Mr. Shuter. At present the candidates are Mr. Macready, Mr.

Bruce Clarke, Mr. Edwards, Mr. Eve, Mr. Lockwood, and Mr. Bowlby. Mr. Macready, a most able surgeon, warmly contested the last election; he has for several years held the appointment of surgical registrar to the Hospital; Mr. Bruce Clarke, Mr. Edwards, and Mr. Lockwood, besides holding clinical appointments elsewhere, have had the advantage of great experience in medical education, all being demonstrators of anatomy to the Medical School of St. Bartholomew's Hospital; Mr. F. S. Eve is pathological curator to the Museum of the Royal College of Surgeons, and Mr. Bowlby holds a similar appointment at St. Bartholomew's Hospital. The contest is certain to be very strong, and as all the candidates are most deserving men, the choice of any one of them will be no misfortune to the great city Hospital.

#### SMALL-POX IN BIRMINGHAM.

In the report on the health of the borough of Birmingham for the quarter ending September 29th, 1883, Dr. Alfred Hill says:

"Small-pox has been more destructive to life than in any quarter since the second quarter of 1875, the deaths from this malady being 54, while the cases have numbered no fewer than 567, the percentage of deaths to cases being 9.5; in the height of the last epidemic, in the year 1874, the mortality was considerably greater, viz., 16.8. In the third quarter of 1882, only 33 cases and 9 deaths from this disease came to my knowledge. Though the disease has been scattered more or less over every portion of the town, by far the greater number of the cases have occurred in the northern portion, more especially in All Saints' Ward."

Since then, there has been a gradual diminution in the number of cases reported, but they continue to occur at the rate of about thirty a week. The epidemic has been very mild, the mortality among vaccinated persons having been under 2 per cent.

#### HOSPITAL MANAGEMENT.

THE third meeting of the committee appointed at the recent hospital conference was held at 1, Adam Street, Adelphi, on Wednesday. The draft constitution of the proposed hospitals association was provisionally adopted, and it was ordered that copies should be issued at once for the consideration of the governing bodies, committees of management, medical boards, and honorary medical officers of the principal hospitals. The objects of the proposed association are to be, firstly, to facilitate the consideration and discussion of matters connected with hospital management; and, where advisable, to take measures to further the decisions arrived at; and, secondly, to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical. The association, moreover, proposes to afford facilities for the reading, discussion, and publication of approved papers; for the delivery of lectures, and for the holding of conferences on hospital administration, hospital management, medical relief, medical education in relation to hospitals, free and provident dispensaries, and other kindred subjects, and will found a library, consisting of works on hospital administration, construction, finance, and statistics. The committee will be called together again in December to finally adopt the constitution of the new association, which has already received wide and influential support. The committee consists of the following members:—The Earl of Cork and Orrery, K.P. (St. George's Hospital); Viscount Powerscourt, K.P. (Ireland); Sir T. Fowell Buxton, Bart. (London Hospital); Sir Rutherford Alcock, K.C.B. (Westminster Hospital); Sir Joseph Fayrer, K.C.S.I., M.D., LL.D., F.R.S. (Charing Cross Hospital); H. W. D. Acland, M.D., C.B., D.C.L., F.R.S. (Oxford University); William Bousfield, Esq. (King's College Hospital); J. S. Bristowe, M.D., F.R.S. (St. Thomas's Hospital); Henry C. Burdett, Esq. (Seamen's Hospital and Home Hospitals Association); J. H. Buxton, Esq. (London Hospital); Mackenzie Chalmers, Esq. (London Fever Hospital); The Rev. Canon Erskine Clarke, M.A. (Bolingbroke House Pay Hospital); R. Farquharson, M.D., M.P. (Scotland); Captain Douglas Galton, C.B., D.C.L., F.R.S. (University College

Hospital); S. Leigh Gregson, Esq. (Southern Hospital, Liverpool); Timothy Holmes, Esq. (St. George's Hospital and Provident Dispensaries); G. B. Lloyd, Esq. (General Hospital, Birmingham); Charles Macnamara, Esq. (Westminster Hospital); Francis S. Powell, Esq.; Richard Quain, M.D. (Consumption Hospital, Brompton); Alexander H. Ross, Esq., M.P. (Middlesex Hospital); E. H. Sieveking, M.D. (St. Mary's Hospital); T. Gilbert-Smith, M.D. (London Hospital); Joseph White, Esq., F.R.C.S. (General Hospital, Nottingham); John Wood, Esq., F.R.S. (King's College Hospital); E. Parker Young, Esq. (St. Mary's Hospital). The secretary *pro tem.* to the committee is Mr. J. L. Clifford-Smith.

#### INQUEST ON MR. JAMES SHUTER.

THE inquiry as to the cause of death of Mr. James Shuter, whose obituary will be found in the present number of the JOURNAL, was held on Saturday, November 3rd, by Dr. Danford Thomas. Mr. G. Acton Davis stated that the deceased, his brother-in-law, had injured his hip while in Brussels, three years ago, and had ever since felt more or less pain, which prevented him from taking active exercise. On the evening of Wednesday, October 31st, witness was summoned to Lawn House, Tufnell Park, and found deceased in a state of unconsciousness. He was informed that, in order to ease the pain in the hip, the deceased had given himself a hypodermic injection of morphia, which he had not, he believed, ever done before; and, in spite of every effort made by the medical gentlemen present to restore him, artificial respiration being maintained for eight hours, he died shortly before six on Thursday morning, November 1st. Immediately before using the injection, deceased had written to Mr. Luther Holden a letter, in which he said, "I am laid up with rather a heavy cold, which has affected my hip in such a way, that I consider it sciatica. I am just going to give myself a morphia injection over the great trochanter. There is nothing I should like better than to run down to see you from Saturday to Monday, and I will try to do so. I will let you know on Friday." The prospects and worldly affairs of the deceased had been very satisfactory, and his disposition very cheerful. Mr. W. H. Kesteven, who had been called in, found deceased suffering from marked symptoms of narcotic poisoning. An ounce bottle, labelled "liq. morphiæ hypodermicus" was found broken and empty on the dressing-table. There were also two glasses, one empty, and one containing an ounce of saline mixture, such as would be taken for a cold. He found that deceased was suffering from albuminuria. One-sixth of a grain of morphia was an ordinary dose, but the presence of the albumen, indicating kidney-disease, would render a patient more susceptible to its action. In conjunction with Mr. Dodd, Mr. Fletcher, and Dr. West, he used his utmost efforts to restore the deceased, who had evidently taken the morphia solution by mistake for the saline mixture. Mr. A. C. Fletcher, surgeon of Great Coram Street, an intimate friend of deceased, who had called upon him casually, found him deeply comatose, and artificial respiration was being performed. He ascertained that, in getting out the stopper, deceased had broken the bottle containing the morphia, and asked his sister for another, which was not to be obtained. Three quarters of an hour later his sister, going to his room to see if he were sleeping, found him breathing unnaturally, and unconscious, and at once sent for Mr. Kesteven. Witness believed that, having failed to obtain another bottle when that containing the morphia was broken, deceased had poured out the contents into a glass on the dressing-table. On the table was another glass, containing a mixture for a cold, untouched, and covered by a piece of paper. The deceased had probably, after pouring out the morphia into the glass, intended to cover it over, in order to protect it from dust and prevent evaporation, but, by mistake, had covered over the glass containing the mixture. The morphia and the medicine were alike in colour and quantity, and deceased, having a severe cold, would have been unable to detect any difference in taste or smell. The deceased had evi-

dently given himself an injection, as a blood-stain was found on his linen, and a syringe lay by his bedside. In the semi-conscious condition that followed he had remembered the saline mixture, taken up the wrong glass, and drunk the whole ounce of morphia. Dr. Samuel West stated that, when called in, he found the deceased, a very old friend of his, in the most profound state of coma he had ever seen. The pupils had become widely dilated, indicating an extreme stage of morphia-poisoning. All possible measures were taken for his restoration, but without result. A very small dose of morphia occasionally produced death, but he thought it exceedingly probable that deceased had taken a very large quantity, and he quite agreed on that point with Mr. Fletcher's evidence as to the way in which so large a quantity was taken. The deceased was an eminently careful man, and of an exceedingly cheerful disposition. He had no doubt as to the facts of the case. The jury at once returned the following verdict: "That the said James Shuter was found dying, and did die, from the mortal effects of poisoning by morphia. And the jurors are further of opinion that the deceased took a fatal dose of a solution of morphia, in mistake for a saline mixture; and that the death was from misadventure."

#### WORKMEN'S HOMES IN LONDON AND PARIS.

IN an article in the *Times* on "The Dwellings of Parisian Workmen," in which the condition of the *ouvrier* in Paris is contrasted with that of the artisan in London, it is pointed out that though the population of Paris is not so large nor so rapidly increasing as that of London; nevertheless the two millions of Paris are crowded into a narrower space than that occupied by any similar number of Londoners. In the matter of parks and gardens, the Londoner is much better off than the Parisian. If the Parisian want to stretch himself on the grass, he must go four or five miles from the heart of the city. Additional open space and a better class of dwellings will soon be provided for the poor in London, by broad avenues to be cut through slums, and by the building of tall houses on sites at present covered with low buildings. But in Paris every acre on which tall houses can be built has already been utilised. Moreover, the London workman can live outside London, and come in daily by train. In Paris, the *octroi* is the great bar to extramural residence. Nearly every article of food entering Paris has to pay duty, so that people who pass the *octroi* with parcels have to exhibit their contents; and under such circumstances, trains full of workmen carrying their baskets of tools and dinners could not pass rapidly to their destinations as they do in London. There is again no inducement in cheapness of rent to live outside the city. The article shows, moreover, that of the children born to the working classes in Paris, more than 50 per cent. die in the baby-farmers' hands before they reach their second year. It is also shown how the progressive extinction of home-life among the Parisian workmen has had the most demoralising results.

#### DANGERS OF THE STREETS.

A NEW terror seems likely to be added to the ordinary alarms of those who go their way in the streets. Colonel Hutchinson's report to the Board of Trade on the steam tramcar accident at Huddersfield has just been published. The disaster occurred in July last. Seven persons lost their lives by falling from the roof of the tramcar as it overturned, and fifteen others, nearly all roof-passengers, were more or less injured. The accident was found to have been chiefly caused by the engine "running away" and passing rapidly round a very sharp curve, which has only a radius of forty-one feet. A variety of conditions concurred in the production of the accident. In the first place, one of the pistons of the engine, made of a brittle metal, was found to have broken to pieces; and this prevented the reversing of the engine by the driver from having its proper effect in checking the rush of the tramcar down a steep gradient. This initial accident;



however, need not have led to further mischief if the brake-power of the engine had been in due working order; but it appears that the driver, by closing a valve, had paralysed the action of the "governors," and so deprived the brake of its efficiency. The car, being thus unchecked in its dangerous speed, left the rails and toppled over, its overturning being contributed to by overloading on the roof, and by the rush of the roof-passengers attempting to escape. Tramcar traffic is being rapidly multiplied in populous places. The details of the complex causation of the catastrophe in Huddersfield prove once more the necessity for the organisation of some efficient official inspection and control of the working of our passenger tramways. Several accidents have recently shown that the most frequent and chief cause of tramcar disasters is found in insufficient or defective brake-power. This, of course, is an entirely preventable circumstance. No tramcars ought to be allowed to run which are not supplied with brake-power amply sufficient to stop their progress under all possible contingencies; and frequent inspection ought to ensure that the brakes are always maintained in sound working order. If all tramcars were fitted with really efficient brake-power, the rushes of panic-stricken passengers, which have more than once contributed to upset a car at a critical juncture, would be practically prevented.

#### VACCINATION.

At the rooms of the London Society for the Abolition of Compulsory Vaccination, on October 15th, Dr. Bernard O'Connor read a paper entitled "A Consideration of some of the Causes of Popular Objections to Compulsory Vaccination." After tracing the history of small-pox from the earliest times, he spoke of the intensity of natural small-pox, and dwelt upon the probable changes that take place in the blood after the introduction of the small-pox poison, adverting to the immunity from small-pox which a few even of the unvaccinated enjoy. He discussed inoculation, and the question of the identity of the poisons of cow-pox and small-pox, stating, as his belief, that they are "similar poisons, and identical in their kind." After reviewing the minor objections to compulsory vaccination, and criticising adversely Mr. Hopwood's return, he went on to speak of the inoculation of syphilis with vaccination. There unquestionably had been, in this country, a few cases of syphilis resulting from vaccination; but nearly all of the many instances, in which vaccination had been charged by the parents with inoculating their infants with syphilitic disease, were instances of hereditary constitutional syphilis, occurring at the usual period, and presenting the characteristic symptoms. By degrees, the effects of the syphilitic poison had been detected in one or other of the parents—such as throat-affection, loss of hair, skin-symptoms, repeated abortions, etc. There was every inducement for the parents to saddle vaccination with the responsibility for the appearance of the syphilitic symptoms in their children; and what surprised Dr. O'Connor was, that vaccination was not more often charged with being the cause of this widespread infantile disorder. He saw twice a week, at a charitable institution, a crowd of syphilitic human beings, of all ages; and the majority of the infantile syphilitic cases, whose average age was four months, had never been vaccinated on account of their unnatural infirmity. He had observed the occurrence of many diseases, the symptoms of which were usually regarded as the direct consequence of vaccination, more frequently in the unvaccinated than the vaccinated. He had noticed repeatedly that a slight scratch, in a child with hereditary syphilis, became a true syphilitic sore; and why might not a like result follow the incisions made on the skin during vaccination, without any blame attaching to the lymph? He believed that, if properly performed, there need be no fear that vaccination will injure health, or communicate any disease; but, even if syphilis were sometimes communicated, and the occurrence of seven cases in England during the past fourteen years showed that this did occasionally take place, that could not be regarded as a valid objection against

vaccination rightly performed, any more than could an occasional railway accident be regarded as the signal for the cessation of railway travelling. Dr. O'Connor thought that there was a great amount of inefficient vaccination in both urban and rural districts, coupled with negligence in the selection and mode of preservation of the lymph; and stated that sometimes public vaccinators filled up forms of successful vaccination, when, in reality, the operation had not been successful. A long residence in a small-pox hospital had convinced him of the almost complete protection afforded by duly performed vaccination; but nothing would shake this conviction sooner than the diversity of statements made, by professional men, as to the power of protection of vaccination (primary), as to the area of the vaccination scar, the necessity for the repetition of vaccination, etc. Jenner had set his estimate of the protection against small-pox afforded by vaccination performed in infancy too high; and Dr. O'Connor thought that, in addition to the best possible primary vaccination, revaccination should be enforced at puberty, and that this should be repeated again and again, at intervals of six months, until the individual was no longer influenced by the vaccine virus. In conclusion, he observed that a careful perusal, during the past year or so, of all the antivaccination-literature he could lay his hands on, had shown him that it abounded in distorted statistics, and microscopic and disconnected quotations; while the ignorance of the laws of health, and of the elements of physiology and pathology, displayed by most of the writers and speakers against vaccination, showed their unfitness to sit in judgment on a subject beyond their comprehension.

#### THE PREVENTION OF BLINDNESS IN CHILDREN.

THE following excellent popular directions for the prevention of the frequent form of blindness arising from the destructive purulent ophthalmia of newly-born infants is being published and diffused by the Society for the Prevention of Blindness. "One of the most frequent causes of blindness is the inflammation of the eyes of newborn babies, a disease which can be prevented and always cured. In almost all blind-schools in England and the Continent, a third, and even more, of the children's blindness is caused by the neglect and unsuitable treatment of this disease. In the Wilberforce School for the Blind at York, it is said that, out of eighty-nine pupils, thirty-seven are blind from this cause; and several eminent oculists state that half the blindness in Europe is due to this inflammation of the eyes of new-born babies. This frequent blindness is largely owing to the general ignorance of mothers, and to the unpardonable neglect of the midwives, nurses, and others who have charge of the infants in their earliest days. In many cases, these persons prevent resort to skilled medical assistance, in order to try some unsuitable domestic remedies, until it is too late, even by the most skilful treatment, to save the child's sight. Although the disease appears sometimes in a very mild form, it may still, without some suitable treatment, have an unfortunate issue; but, in most cases, the disease takes a more determined character, and then, if left to itself, it may develop with such rapidity that, in the course of a day or two, all hope for preventing blindness is lost. In general, newly-born babies seldom suffer from any other eye-disease, and its first appearance is easily recognised by the redness, swelling, and heat of the eyelids, and by the discharge of a yellowish-white matter from the eyes. This dangerous and ruinous disease is always curable if treated at once. Immediately on the first appearance of these symptoms, send for a medical man; and, until his arrival, proceed at once to keep the eyes as clean as possible by very frequently cleansing away the matterly discharge. It is the discharge which does the mischief. The cleansing of the eye is best done in the following manner. I. Separate the eyelids with the finger and thumb, and wash out the matter by allowing a gentle stream of tepid or warm water to run between them from a piece of rag or cotton-wool held two or three inches above the eyes. II. Then gently move the eyelids up and down in a circular way, to bring out the matter collected under



them; wipe it or wash it off in the same manner. This cleansing will take three or four minutes, and is to be repeated regularly once every half-hour at first, and later, if there is less discharge, every hour. III. It must be borne in mind that sight or blindness depends entirely in these cases on the greatest care and attention to cleanliness. Small pieces of rag or cotton-wool are better than a sponge, as each rag is to be used only once, and should be burnt immediately; sponges should never be used, except they are thrown away or burnt after each washing. IV. A little washed lard should be smeared along the edges of the eyelids occasionally, to prevent them from sticking. V. The eyes should not be covered up by any bandage or handkerchief, as the discharge is thereby prevented from escaping. VI. Fresh air and an equal temperature in the sick-room are absolutely required, and the eye, while suffering from the disease, should be kept carefully from all strong lights. Many cases of this disease might be entirely prevented by cleanliness of the eyes. 1. Immediately after the birth of the baby, and before anything else is done, the eyelids and all parts surrounding the eyes are to be wiped with a soft dry linen rag; afterwards, these parts must be washed with tepid water before any other part is touched. 2. Avoid exposing the baby to cold air; do not take it in the open air when cold; at any rate, dress the infant warmly, and cover its head, because cold is also one of the causes of this eye-disease.

#### THE WORKING OF THE ANTI-ADULTERATION ACTS.

It is startling to find that, in many populous places in England and Wales, the anti-adulteration laws are practically a dead letter. In spite of all that has been said and written in recent years about the prevalence of adulteration of foods and drugs in this country, and in spite of numerous exposures, in the law-courts, of flagrant instances of the fraudulent sophistication of those necessities, there is still no general, much less uniform, employment of the stringent powers which the law furnishes for the punishment of those who wilfully corrupt food-supplies and medicines for the purpose of increasing the profits which accrue from their sale. From official reports on this subject for last year, it appears that the Local Government Board, acting under authority derived from the Sale of Food and Drugs Act, 1875, has appointed 224 public analysts; 52 in counties, and 172 in boroughs. There are, besides, 39 public analysts appointed by the vestries and district boards of the metropolis, making a total of 263 officials in England and Wales provided by the law to secure that Her Majesty's subjects shall be supplied with the articles they purchase in a genuine condition, and not adulterated by or for the seller for the enhancement of his gain. Although the report of the Local Government Board shows some improvement in the records for 1882, as compared with the previous year, 20,000 analyses, or 1,600 more than in 1881, having been performed, the laws for the suppression of adulteration are still very irregularly and very inadequately enforced. There are still many large towns, and yet more rural districts, where the anti-adulteration laws are never employed, and where, as the report complains, the dairyman may still safely water his milk, and the grocer add chicory to his coffee. These local anomalies are mainly due to the apathy of the local authorities. It is true that private persons may set the law in motion, and command the services of public analysts on fixed terms; but, where the public authority is indifferent to the question, it is not to be expected that private individuals will generally undertake the prosecution of adulterators. It appears that in the counties of Berks, Dorset, Hereford, Hertford, and Suffolk, the office of public analyst was last year a sinecure, not a single sample of an article of food or a drug being sent for analysis. Even in such large towns as Nottingham, Preston, and Plymouth, as in many other places of almost equal importance, little or no use has been made of the anti-adulteration Acts, and the local authorities seem willing to leave the public almost entirely unprotected against

the cupidity of unscrupulous dealers. We understand that in some places the law is applied with a culpable lack of discretion, policemen in uniform having been appointed to purchase samples intended to be analysed. Even in less flagrant cases, it seems to have been quite customary to employ well-known persons for the purchase of analysts' samples, and whose errand was more than suspected. In some cases, cream has been known to have been added by dairymen to milk, when they knew they were selling samples for public analysis. Until the anti-adulteration laws are administered with something like uniformity throughout the country, a comparison of the statistics of their working in different localities is full of fallacies. For example, it appears that last year, in a large midland borough, only one sample of food or medicine in 119 was officially condemned; while, in a neighbouring county, 52 specimens out of 169 were found to be impure. Such great discrepancies seem to point to great local divergencies of practice in the stringency with which the powers of the law are employed.

## SCOTLAND.

#### PROFESSOR DU BOIS REYMOND.

A CONGRATULATORY address, on the occasion of his recent jubilee, was sent to the eminent physiologist, from the University of Glasgow.

#### SCOTTISH NATIONAL INSTITUTE FOR IMBECILES.

At the annual meeting of the Ladies' Auxillary Association of the Scottish National Institute for Imbeciles, held in Edinburgh on Tuesday, it was stated that at present there are 180 inmates in the institute at Larbert, and that the condition of the affairs of the institute was prosperous. Unfortunately, they had to deplore the deaths of two directors.

#### SICK CHILDREN'S HOSPITAL, EDINBURGH.

DURING the month of October, 104 patients were treated in the wards of the Royal Hospital for Sick Children, Edinburgh. Of these, 59 were admitted during the month, while 45 were in the hospital at the end of September; 32 were discharged as cured or recovered, while 5 were relieved. The average daily number of beds occupied was 56. In the out-door department, 749 patients were treated, and 23 were vaccinated. Of 471 new cases, 376 were from Edinburgh, 66 from Leith, and 29 from elsewhere.

#### THE ELECTION OF LORD RECTOR IN EDINBURGH UNIVERSITY.

ON Saturday last, the arbitrament of the poll in Edinburgh University decided the occupancy of the Rectorial chair for the next three years. As previously stated in the JOURNAL, there were (for the first time since the institution of the office) three candidates. The contest, as far as two of them were concerned, was a keen one, and the usual appeals were made to the sympathies and prejudices of the respective parties. The result of the voting showed that Sir Stafford Northcote had been elected by a majority of 52 votes. The respective numbers were: Sir Stafford Northcote, 1035; Mr. Trevelyan, 983; Ex-Professor Blackie, 236.

#### HEALTH OF GLASGOW.

DURING the fortnight ending October 27th, there were 469 deaths registered, representing a death-rate of 24 per thousand living. The chief features of the fortnight have been an increase in the mortality from pulmonary diseases, the reappearance of some cases of small-pox, and a greater activity of typhus fever—the cases of this last disease having risen from 9 in the previous fortnight to 23 in the present one. There were 164 deaths from diseases of the chest, constituting 35 per cent. of the total deaths; while those from fever numbered 9—namely, 5 from enteric and 3 undefined. Both the

cases of small-pox occurred on the south side of the town, and as yet no connection can be traced between the two, or any common cause of the disease. The number of deaths from the infectious diseases of children was 33—namely, 16 from scarlet fever, 13 from whooping-cough, and 4 from measles. There are at present in the hospitals of the Council 226 cases of scarlet fever, 76 of enteric fever, 47 of whooping-cough, 31 of typhus, 25 of measles, 5 of erysipelas, and 4 of small-pox—in all, 414 cases, the same as in the previous fortnight, and as compared with 251 at the corresponding date last year.

#### MELANCHOLY DEATH OF A MEDICAL STUDENT.

A MELANCHOLY accident occurred on Tuesday in the Union Canal, Edinburgh, by which a medical student, named Robert Wrixon, from the colonies, lost his life. He had gone out boating in a canoe, and was observed to make some movements, as if to adjust himself; the canoe overbalanced, and student and canoe disappeared. He had evidently been entangled, for it was some time ere he made his appearance, and then was so exhausted as to be unable to make further exertion, and he almost immediately sank again, and before any assistance could be rendered. In a few minutes his body was recovered, but life was extinct.

#### THE REGISTRAR-GENERAL'S RETURNS.

THE returns of the Registrar-General, for the week ending October 27th, show that the death-rate in the eight principal towns during the week was 22.4 per thousand of estimated population. This rate is 1.0 above that for the corresponding week of last year, and 3.0 above that for the previous week of the present year. The lowest mortality was recorded in Perth—viz., 11.9 per thousand; and the highest in Glasgow—viz., 26.0 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 3.8 per thousand, being 0.4 greater than the rate for the previous week. Acute diseases of the chest caused 101 deaths, or 16 more than the number recorded during the previous week. The mean temperature was 45.3°, being 1.8° below that of the week immediately preceding, and 2.3° above that of the corresponding week of last year.

#### THE ABERDEEN MEDICAL PROFESSION AND VERSIFYING.

IN his introductory lecture, Dr. Geddes, the Professor of Greek in the University of Aberdeen, made the following remarks on the above subject. "I cannot but advert to the fact how largely the patrons of the classic muse have been numbered—in Aberdeen, at least—among the ranks of the medical profession. It is a circumstance which I remark with especial pleasure that the greatest Latin composer of former times in Aberdeen was a physician—Dr. Arthur Johnston; that the greatest composer in the present generation was another doctor—Francis Adams; and that the only special benefaction within the University, for the encouragement of classical verse, we owe to another learned physician—Dr. Alexander Kilgour. In recalling to remembrance such facts as these, we may feel confidence in the possibility of combining medical study and classical culture, and we may entertain the hope that the physicians of the future will follow in the footsteps of the learned and generous physicians of the past."

#### THE ROYAL MEDICAL SOCIETY OF EDINBURGH.

ON Friday evening, November 2nd, the Royal Medical Society of Edinburgh had its one hundred and forty-sixth session inaugurated by an address from Professor John Chiene. The senior president of the society, Mr. J. Greig Soutar, M.B., occupied the chair. There were present various professors, lecturers, practitioners, and a large number of students. In his address, Professor Chiene spoke strongly of the desirability of developing the individuality of every student, and of the difficulty that lay in the way from the existence of large classes. He also spoke of the importance of the extramural school,

both on its own account, and in its stimulating influence on university teaching. He gave a sketch of the life, struggles, and success of Dr. John Gordon in Edinburgh at the beginning of this century, and pointed to him as a worthy model for members of the society. Mr. Chiene also expressed his belief in the value of the Royal Medical Society, professionally and socially; and, at the conclusion of his address, he was awarded a hearty vote of thanks by the society.

#### GLASGOW ROYAL INFIRMARY DORCAS SOCIETY.

FOR nearly twenty years, this Society has laboured in connection with the Glasgow Royal Infirmary, and each report shows how valuable is the assistance it renders. Its aim is to supply with warm and sufficient clothing poor patients, who, after a term of treatment in the hospital, are so far restored to health as to be able to leave the Infirmary, and return to their own homes. In many instances, also, food is given, if that seems necessary, and very liberal assistance is furnished to those patients requiring artificial limbs or other surgical appliances. During the past year, 1,014 cases were relieved, or nearly one-fifth of all the patients that went into the Royal Infirmary. Seeing that the aid so given came at a time when it was especially needful, namely, in the weeks of convalescence after severe injuries and long illnesses, we cannot speak too highly of the operations of this Dorcas Society, as a most valuable adjunct to the hospital to which it is attached. We regret to see that the financial report is not so satisfactory as it might be, the contributions falling far short of the expenditure.

#### THE BURNETT LECTURES IN ABERDEEN.

MR. G. G. STOKES, Lucasian Professor of Mathematics in the University of Cambridge, Secretary to the Royal Society, began, in Marischal College, a course of twelve lectures on "The Undulatory Theory of Light, its nature and medium; and, in connection with it, the structure and functions of the eye, having regard to the illustration afforded by the subject of the evidence that there is a Being all-powerful, wise, and good, and by whom everything exists." Mr. Burnett left a sum of money, whose interest is to be given at stated periods for a treatise or lectures which shall afford the evidence of the theme that there is a "Being all-powerful," etc. On two previous occasions large money prizes were given for theological treatises, and on this occasion the trustees are trying the effect of lectures instead, and Professor Stokes is the first holder of the lectureship. Four of the twelve lectures will be given each year. Professor Stokes dealt, in his first lecture, with the nature of light, and gave a critical estimate of the corpuscular and undulatory theories.

#### GLASGOW UNIVERSITY COUNCIL.

THE half yearly meeting of Glasgow University Council was held on October 31st, there being a large attendance of members. The subjects discussed were the Universities Bill, the proposed new Doctorate in Arts and Science, presentation bursaries, and the extension of the medical school. It was decided that, should the Universities (Scotland) Bill be again brought forward in the House of Commons, the same steps as formerly agreed upon should be taken to obtain modifications of the unlimited powers conferred by it. The Council was in favour of the desirability of establishing a higher degree, or doctorate, in arts and sciences, and approved of a representation to that effect being made to the University Court. Upon the question of the proposed extension of the medical school, there was also complete unanimity. The facts of the case, as stated by Professor Cleland, and seconded by Professor McKendrick, clearly show that the progress made by the medical school has been so great that the present accommodation is insufficient for the students now attending the classes. A committee appointed by the senate of the University have considered the matter, and from their

statement it appears that the sum of £3,000 is needed for enlargements that are absolutely necessary, and must be gone on with; but that the extension of the buildings sufficient to place the medical school in a satisfactory condition for years to come, will involve an outlay of £18,000. What is contemplated is to build additions which, while harmonising with the other buildings, shall be free from costly architectural details, and be as suitable as possible in their internal arrangements for the purposes to which they are to be devoted. No doubt, in one sense, it must be disappointing to hear that more room is already required in what are new university buildings; but it is a very gratifying fact that the medical school has increased so rapidly; and we are sure that there will be a liberal disposition on the part of old graduates and the public to furnish the funds necessary to maintain the present prosperity of the medical school, and allow of its work being carried on efficiently and thoroughly.

#### OPENING OF THE GLASGOW MEDICAL SCHOOLS.

THE different medical schools in Glasgow were formally opened last week for the winter session, and at all of them introductory addresses were delivered. At the University, that of Professor Young embraced several topics of interest. He drew attention to the large increase of students attending the medical classes since the opening of the new University buildings thirteen years ago, so that the present accommodation was quite inadequate to their wants, and, as a consequence, an extension of the medical school was contemplated. Allusion was made to the great liberality which had furnished the University with such buildings as the Bute and Randolph halls; but what Professor Young urged very strongly as likely to strengthen the prosperity of the University generally was the establishment of teaching Fellowships for successful graduates, and large additions to the space for efficient practical work in the scientific classes. As an illustration of the need of these scientific studies to the medical man, the germ-theory of disease was quoted, the views about which, Professor Young thought, were now veering round; and that the latest researches seemed in favour of the germs being, as he had predicted two years ago, not the cause, but the carriers, of disease. While some difference of opinion is sure to exist on Professor Young's ideas as to how the period of the medical curriculum should be spent, he being a strong advocate for a large proportion of it being devoted to science, his address was exceedingly well received, and it could not fail to prove a healthy stimulus to the work of the winter session. At the Royal Infirmary Medical School, the students listened to a lecture from Dr. Stirton on a purely medical subject; and at Anderson's College the classes were opened by Dr. Wallace, who dwelt chiefly on the relations between medical men and the public, pointing out several subjects in which the profession could bring their influence to bear on the opinions of their non-professional brethren when the good of the whole community was involved. The inaugural address of the Glasgow Western Medical School was given by Dr. Eben. Duncan, who chose as the subject of his remarks the relative power of drugs as compared with hygienic measures in the treatment of disease. He offered, also, some very suitable words of advice to the students as to the spirit in which they should pursue their studies, and he spoke very hopefully of the prospects of this, the youngest of the Glasgow medical schools. As far as can be at present judged, the number of students attending the medical classes in the different schools is fully equal to the average of last year.

### IRELAND.

THE meeting of Convocation of the Royal University of Ireland, summoned for Tuesday, October 30th, for the transaction of very important business, fell through in consequence of the attendance of members falling below the requisite number of thirty.

By the recent death, in Manitoba, of Sir John Corrigan, Bart., at the age of 23 years, the baronetcy conferred on the late Sir Dominic Corrigan, Physician in Ordinary to the Queen in Ireland, in 1866, becomes extinct. Sir John Corrigan succeeded to the title as second baronet, on the death of his grandfather in 1880.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND.

MR. ALEXANDER FRASER, M.B., and C.M., of Glasgow, and Senior Demonstrator of Anatomy, Owens College, Manchester, was elected to the Professorship of Anatomy in this College on the 1st instant, *vice* Dr. Cunningham. The election of this occasion was the first held under the provisions of the new supplemental charter, by which, *inter alia*, the entire Council—instead of seven members of that body chosen by ballot—made the election. There were five candidates, including gentlemen from London, Edinburgh, and Dublin, for the chair.

#### VIOLENT DEATHS IN IRELAND.

THE annual report of the Registrar-General for the year 1882 shows that the number of deaths referred to "violence" was 1,986, namely, 1,397 males and 589 females, or 39 in every 100,000 of the population, which is slightly under the average of the preceding ten years. By far the larger portion of the violent deaths were the results of accident. As many as 1,733 are thus accounted for, including 745 from fractures and contusions, 395 from burns and scalds, and 359 from drowning. The cases of homicide (murder or manslaughter) were 141, and there were 105 suicides. There were 2,229 inquests held during the year, being one inquest to every 40 deaths registered.

#### DUBLIN HOSPITAL SUNDAY FUND.

THE tenth annual collection on behalf of this Fund will be made to-morrow, the 11th instant. The hospitals in aid of which the Fund is distributed admit annually upwards of 11,000 patients, attend upwards of 3,000 lying-in women at their own homes, treat as extern patients upwards of 8,000 accidents, and relieve many thousands at their dispensaries; they contain nearly 1,200 beds, many of which, unfortunately, remain unoccupied. The work done by these hospitals costs about £40,000 a year, of which about 10 per cent. is supplied by the collections on Hospital Sunday, but a great deal still remains undone for want of funds. The amount collected last year was £4,193 16s. 10d.; and a sum of £35,862 9s. 4d. has been distributed by means of this noble fund since its establishment among the hospitals of the city.

#### HEALTH OF BELFAST.

FROM the monthly report of Dr. Browne, Superintendent Medical Officer of Health for Belfast, it appears that 24 cases of zymotic diseases were reported from the several dispensary districts of the town; these were, typhus fever 2, typhoid 4, and scarlatina 18 cases. The Registrar-General, for the five weeks ending October 27th, makes returns of 95 deaths from zymotic diseases in Belfast; viz., scarlatina 32, diphtheria 2, whooping-cough 15, typhus 3, enteric or typhoid 2, simple fever 5, and diarrhoea 36 deaths. There were 136 deaths amongst children under one year of age, and 67 deaths of persons above sixty years of age; and in the same period there were registered 66 deaths from phthisis, and 101 from disease of the respiratory organs, making 167 deaths from lung-diseases. The total births in the five weeks amounted to 707, and the deaths to 485, showing a natural increase of 222 individuals. The average death-rate from all causes was 23.6, the rate from disease of the lung 9, and from zymotic diseases 4.6. The average reading of the barometer was 30.06; the average temperature, 54.8°. There were eighteen days of westerly and thirteen of easterly winds during the month. A cold atmospheric wave swept over the North of Ireland between the 14th and 19th of the month, which was followed by a marked increase of deaths from phthisis and other affections of the

respiratory organs. The amount of zymotic diseases has been light, and the town has been specially free from typhus and enteric fever. Scarlatina, which was very prevalent for some months, appears now to be on the decline.

#### A CONJOINT EXAMINATION FOR IRELAND.

ANOTHER attempt is, we understand, about to be made to form a conjoint examination for medical and surgical qualifications in Ireland, by an alliance between the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland. The Council of the latter body has resolved: "That with a view of reopening the negotiations for the giving of a double qualification by the Colleges, a committee be appointed to confer with the College of Physicians on the subject, and to report to this Council as to the terms upon which this may be carried out." Four former attempts to establish a conjoint examination between the two Colleges have failed; and there is no reason to anticipate that the present attempt will prove more successful than the preceding ones.

#### TESTIMONIAL TO PROFESSOR ALEXANDER MACALISTER, F.R.S.

A GENERAL meeting of the pupils of Dr. Macalister was held in the Anatomical Theatre, Trinity College, Dublin, on Wednesday, October 31st. The meeting had in view the presentation of a testimonial to Dr. Macalister, who has been recently appointed to the chair of anatomy in Cambridge. The following gentlemen were appointed as a committee to receive subscriptions, and to carry out the objects of the meeting:—Messrs. Greenwood Pim, M.A., *Chairman*; William C. Neville, M.D.; Thomas Donnelly, M.A.O.; N. Falkiner, J.C.S.; A. Middleton, B.A.; A. Findlater, B.A.; D. F. Conway, B.A.; H. H. Fleming, B.A.; R. Miller, B.A.; and J. Barton, M.D., F.R.C.S.I., and Edgar Hogben, B.A., *Honorary Secretaries*.

#### MATER INFIRMORUM HOSPITAL, BELFAST.

ON Thursday, November 1st, this new hospital was formally opened for the reception of patients. Though the building was formerly a large detached private residence, yet it has been so altered and improved as to make it most suitable and convenient for the purpose it is now devoted to. On the first floor are a large reception-room for the use of the medical staff, and all the other rooms connected with the extern department. On the second and third floors are large airy wards, capable of accommodating seven beds in each. Attached to each of these wards are a bath-room, a lavatory, and a pantry supplied with hot and cold water and every other convenience. Projecting from the ward which is intended for male patients is a large glass-covered verandah, upon which the patients may sit or walk, and have a view of the adjacent gardens and of the busy traffic which passes at this part of the town. In addition to the two wards already mentioned, there are two small private wards, besides commodious apartments for the house-surgeon and for the Sisters of Mercy, under whose care and management the hospital will be conducted. The hospital, at present, will only contain sixteen beds, but there is ample room for extension; and it is intended, in a few years, to build a much larger hospital. In the rear of the building there is a large garden and extensive conservatories, which will be used as a recreation ground for convalescent patients. The furniture, beds, and other fittings are similar to those used in the Mater Misericordiæ Hospital, Dublin, and it is intended to be managed on exactly the same principles as that institution. Patients, without distinction of creed, if deserving and suitable cases, will be admitted without recommendation or charge of any kind. There is an extern department in connection with the hospital at which medical attendance and medicine are given free. The Sister who organised and established the Mater Misericordiæ

Hospital, Dublin, and St. Michael Hospital, Kingston, has taken charge of the arrangements, and will remain until a staff of nurses sufficient for the requirements of the Mater Infirmorum Hospital are thoroughly instructed in their duties. The following officers have been appointed to the institution. *Consulting Physician*: Dr. Hoskin; *Consulting Surgeon*: Mr. Fagan; *Medical Officers on Staff*: Dr. O. Mulley, Dr. Dunprey, and Dr. O. Connell; *House-Surgeon*: Dr. Dwyer.

#### PROGRESS OF SMOKE ABATEMENT.

THE question of smoke abatement is making slow, but steady, progress throughout the country; and, in an address on the subject, delivered at the Parkes Museum this week by Mr. Ernest Hart, Chairman of Council of the Smoke Abatement Institution, he was able to announce that, in London, a very marked increase was observable in the activity with which the Smoke Nuisances Acts were put into operation; and to state that there was reason to anticipate that, before long, the improvements which would be carried out in the Pottery districts in Lambeth would materially diminish the volumes of smoke which, from time to time, they poured into the air. A Royal Commission on the subject was urgently needed; and steps were being taken to move the Government to accede to the resolutions brought forward at the Mansion House meeting, before the vacation, by the Duke of Westminster and the Duke of Northumberland, and supported by Sir William Siemens and Sir T. Spencer Wells, in favour of a thorough Governmental inquiry into the amendments of the law which the progress of science, and the great technical improvements in the uses of fuel have now rendered urgent or possible. The speaker also gave examples of the awakening of public interest in those questions in a number of the great manufacturing towns, and referred especially to the active public sentiment in those directions in Manchester, where a new sanitary organ was now being issued, under the editorship of Mr. Scott, which was doing much to add to knowledge and to progress in this direction.

At the last sanitary congress in Glasgow also, smoke-abatement was a prominent topic, and the Provost of Glasgow had expressed his warm interest in it, and desired to further the necessary measures. The improvement in gas-making, and especially the most recent discoveries in realising economies in cooking and the utilisation of the waste products of coal, which were attaining great value, all pointed to an early realisation of the great desideratum of improved methods of producing cheap gaseous fuel. The utilisation of gaseous fuel for heating and cooking purposes was making rapid strides. The recent reports of Dr. Dudfield, and the highly important special reports of Dr. Angus Smith and Dr. Leigh, of Manchester, were significant indications of the increasing attention which medical officers of health and scientific persons were directing to the injuries which the excessive production of smoke was causing, to the health of the population, and these interesting reports also testified to the earnestness with which the means of abating smoke were being pressed upon the public attention. The time was rapidly arriving when the economy with which nearly all manufacturing processes could be carried out without the excessive production of smoke, would be so clearly demonstrated that there would be no hardship in imposing much more stringent laws in that respect than were at present to be found in the statute books, and when public opinion would justify and demand a more effectual application of the existing legislative enactments. Mr. Hart especially referred to the anomalous action of the London police magistrates, many of whom directly contravened the spirit and the letter of the law by imposing diminishing, instead of increasing, fines upon offenders against the smoke Acts, on repeated convictions. He stated that in respect to London, there was urgently needed an amendment of the existing smoke prevention Acts, which should include the whole police district of London within the area of legislation. At present, extensive districts, in which were seated the worst offenders, were beyond the jurisdiction of the police, owing to the fact that these Acts were only in force in the limits of old London.

In respect to the results achieved by the Smoke Abatement Exhibition, he regretted that architects and householders did not study the conclusions pointed by the reports of the jurors, since those tests showed that many of the grates tested were six times less efficient than others; and, nevertheless, architects and householders continued, in ignorance of these results, to introduce into new houses patterns of grates which practical tests had shown to be less efficient and less economical in their heating power, and most

wasteful in the consumption of coal and the excessive production of smoke.

Referring generally to the theory of open grates, and the principles on which they should be constructed, the lecturer observed that the first principle to be borne in mind was that every grate should be thickly lined with a non-conducting material, of which the cheapest and best was fire-clay. Iron backs and sides to grates inevitably cooled the mass of coal, arrested combustion, and tended to waste and to the production of smoke. It had been demonstrated that the heating power of any open grate had a direct relation with its power of radiation. Radiation went on effectually only from the hottest part of the fire, that is to say, where the combustion was active and complete. As far as possible, therefore, a fire should, to speak familiarly, be all front and top. No grate should be more than six inches deep. It should be thickly lined with fire-clay, and should be so constructed as to favour radiation. The air should have free access in front and below, and the grate should, therefore, not be closed at the bottom.

### THE ROGERS TESTIMONIAL.

THE following additional subscriptions to the fund for a testimonial to Dr. Joseph Rogers have been received. It should be understood that the subscription to this fund is not confined to Poor-law medical officers. The Treasurer is Mr. J. Wickham Barnes, 3, Bolt Court, Fleet Street, E.C.; and subscriptions are received by the Editor of the BRITISH MEDICAL JOURNAL.

*Second List of Subscriptions.*—C. H. Cornish, Esq., Taunton, £1 1s.; Dr. F. de Havilland Hall, Queen Anne Street, £1 1s.; J. F. Churchill, Esq., Chesham, £1 1s.; J. A. Shaw Stewart, Esq., Eaton Place (per E. Hart, Esq.), £5; Dr. Samuel Benton, Bennett Street (per E. Hart, Esq.), £1 1s.; W. H. Michael, Esq., Q.C., Cornwall Gardens, £2 2s.; J. Raglan Thomas, Esq., Llanelly, £1 1s.; Dr. Burchell, Kingsland Road, £1 1s.; H. Roberts, Esq., Lewisham, £1 1s.; Dr. Fegan, Blackheath, £1 1s.; Dr. Gayton, Homerton, £1 1s.; Dr. Fowler, Old Burlington Street, £1 1s.; Dr. Cogswell, York Terrace, £5; Dr. Rayner, Hanwell, £1 1s.

## ASSOCIATION INTELLIGENCE.

### COUNCIL.

#### NOTICE OF QUARTERLY MEETINGS FOR 1884:

##### ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, January 16th, April 9th, July 9th, and October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., December 27th, 1883, March 20th, June 20th, and September 25th, 1884, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary.*

### COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

- |                           |                            |
|---------------------------|----------------------------|
| I. Acute Pneumonia.       | iva. Diphtheria, sanitary. |
| II. Chorea.               | v. Syphilis, acquired.     |
| III. Acute Rheumatism.    | va. " inherited.           |
| IV. Diphtheria, clinical. | VI. Acute Gout.            |

URGENT.—The Committee propose to publish a final report on Acute Pneumonia as soon as possible. Cases are therefore urgently needed.

Applications should be addressed to

The Secretary of the Collective Investigation Committee,  
September, 1883. 161A, Strand, W.C.

### LIST OF RETURNS RECEIVED IN OCTOBER 1883.

#### I.—PNEUMONIA (34).

J. Allan, M.D. (3); C. Boyce, M.B. (2); C. Broomhead, M.D.; J. Brown, M.B.; M. Campbell, M.B.; N. T. Cant, Esq.; C. W. Cunningham, Esq.; F. H. Daly, M.D. (2); T. W. H. Garstang, Esq. (2); W. M. Harman, M.B.; E. H. Howlett, Esq.; D. J. Mackenzie, M.D.; J. Mackinlay, Esq.; H. C. March, M.D.; W. A. Michie, M.B. (2); T. Morgan, Esq.; W. Newman, M.D.; S. H. Owen, M.D.; J. I. Palmer, Esq.; A. C. Rayner, M.D.; E. S. Scott, M.B. (4); J. A. E. Stuart, Esq. (2); G. Whitwell, M.B.; E. T. Wilson, M.B.

#### II.—CHOREA (12).

F. H. Appleby, Esq.; C. Boyce, M.B.; C. Broomhead, M.D.; M. Campbell, M.D.; T. Fiddes, M.B.; C. Harrison, M.D.; E. H. Howlett, M.D.; F. B. Mallett, M.D.; C. J. Myers, Esq.; S. H. Owen, M.D.; T. C. Railton, M.D.; G. W. Steeves, Esq.

#### III.—ACUTE RHEUMATISM (14).

C. Broomhead, M.D.; W. A. Carline, M.D.; E. O. Daly, M.B.; T. Fiddes, Esq.; S. Haynes, M.D.; C. H. Milburn, Esq. (2); Surgeon-Major A. B. Myers, (6); W. Rowlands, M.B.

#### IV.—DIPHTHERIA, CLINICAL (8).

F. T. Bond, M.D.; C. Boyce, M.B.; F. W. Jordan, Esq.; J. Mullin, M.D.; W. Newman, M.D. (2); C. S. Richardson, Esq. (2).

#### IVa.—DIPHTHERIA, ETIOLOGICAL (4).

F. W. Jordan, Esq.; W. Newman, M.D.; C. S. Richardson, Esq. (2).

Total number of cards received, 72.

### BRANCH MEETINGS TO BE HELD.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this district will take place at Gravesend, on Tuesday, November 13th. Gentlemen desirous of reading papers or exhibiting specimens, are requested to communicate as early as possible with the Honorary Secretary of the district, A. W. NANKIVELL, F.R.C.S., St. Bartholomew's Hospital, Chatham.—October 5th, 1883.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The next ordinary meeting will be held at Newport, on Thursday, November 15th. Members wishing to read papers, etc., should send titles to either of the undersigned at once.—A. SHEEN, M.D., D. A. DAVIES, M.B., Honorary Secretaries.—October 10th, 1883.

**SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.**—The next meeting of the above District will be held at the Queen's Hotel, Eastbourne, on Wednesday, November 28th. Dr. Ellis, of Eastbourne, will preside. Gentlemen desirous of contributing papers should at once communicate with the Honorary Secretary, T. JENNER VERRALL, 95, Western Road, Brighton.—October 16th, 1883.

**SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.**—The autumn meeting of the above district will be held at Worthing on Thursday, November 22nd, Dr. Kelly in the chair. Gentlemen intending to read papers are requested to communicate with the Honorary Secretary, G. B. COLLET, 5, Steyne, Worthing.—October 15th, 1883.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The next meeting of the above District will be held at the Kent and Canterbury Hospital, on November 15th; Dr. Joyce of Cranbrook in the chair. At 2 P.M., Mr. Wachter will conduct members over the new Union Infirmary. The Collective Investigation Subcommittee will meet at the Hospital at 2.30 P.M. At 3 P.M., the following communications: Dr. Stowers: Infantile Eczema. Dr. Gogarty: Gout in Diagnosis. Dr. Joyce: Whether the recognised Infectious Diseases be ever diagnosed by Non-infectious Forms; The Communicability of Disease from Animals to Man. The dinner will take place at the Royal Fountain Hotel, at 5 P.M. All extant cards of the Collective Investigation Committee can be obtained by applying to T. WHITEHEAD REID, Honorary Secretary, 34, St. George's Place, Canterbury.—October 31st, 1883.

**STAFFORDSHIRE BRANCH.**—The first general meeting of the present session will be held at the Station Hotel, Stoke-upon-Trent, on Thursday, November 29th, at 4 P.M.—VINCENT JACKSON, General Secretary, Wolverhampton.—October 30th, 1883.

**THAMES VALLEY BRANCH.**—The first meeting of the Thames Valley Branch will be held in Richmond, at the Richmond Hospital, on Wednesday, November 28th.—A. ROBERT LAW, Honorary Secretary.

**SOUTH-WESTERN BRANCH.**—The next meeting will be held at 2.30 P.M. on Tuesday, November 20th, at the Infirmary, Truro. Members intending to make communications are requested to give notice to S. REES PHILIPPS, M.D., Honorary Secretary, Wonford House, Exeter.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting of the above District will take place on Thursday evening, November 15th, at the Hackney Town Hall; the chair will be taken at half-past 8 o'clock. Dr. Charleswood Turner will read a paper on Endocarditis. Mr. M. Greenwood will read a paper on The Signs of Impending Dissolution.—FREDERICK WALLACE, Honorary Secretary, 98, Cazenove Road.

**SHROPSHIRE AND MID-WALES BRANCH.**—The next quarterly meeting of this District will be held at the Wrekin Hotel, Wellington, on Tuesday, November 13th, at 3 P.M. Members wishing to read papers, etc., should send titles to either of the undersigned at once.—EDWARD CURETON, ARTHUR STRANGE, Honorary Secretaries.